

PRIVACY ACT WAIVER
(Please Print)

NAME: _____

LIST ANY PRIOR NAMES: (i.e.; Maiden Name, Alias, etc.)

ADDRESS: _____

CITY: _____

STATE: _____

COUNTY: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

PHONE NUMBER: (____) _____ DAY
(____) _____ EVENING
(____) _____ PAGER
(____) _____ CELLULAR

I, the undersigned, hereby waive my right to privacy and to maintain the confidentiality of any records and documents concerning any and all information about me, repositied in any file, public or private, and authorize same to be furnished to the Kentucky Department of Financial Institutions or any of its representatives. A photocopy of this waiver shall be as effective as an original.

SIGNATURE: _____ DATE: _____